

APPLICATION DATA SHEET

Application Information

Application Type::	Regular
Subject Matter::	Utility
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	ANTI-INFLAMMATORY COMPOUNDS AND USES THEREOF
Attorney Docket Number::	PPI-119
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	12
Small Entity?::	Yes
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	UK
Status::	Full Capacity
Given Name::	Michael
Middle Name::	J.
Family Name::	May
City of Residence::	North Haven
State or Province of Residence::	CT
Country of Residence::	US
Street of mailing address::	29 North Hill Road
City of mailing address::	North Haven
State or Province of mailing address::	CT

Country of mailing address:: United States of America
Postal or Zip Code of mailing address:: 06473

Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: Sankar
Family Name:: Ghosh
City of Residence:: Madison
State or Province of Residence:: CT
Country of Residence:: US
Street of mailing address:: 9 Jonathan's Landing
City of mailing address:: Madison
State or Province of mailing address:: CT
Country of mailing address:: US
Postal or Zip Code of mailing address:: 06443

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name:: A.
Family Name:: Findeis
City of Residence:: Belmont
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 431 School Street
City of mailing address:: Belmont
State or Province of mailing address:: MA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 02478

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kathryn
Family Name:: Phillips
City of Residence:: Boston
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 73 Mount Vernon Street
City of mailing address:: Boston
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02108

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Gerhard
Family Name:: Hannig
City of Residence:: Revere
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 350 Revere Beach Boulevard, Apt.7-7R
City of mailing address:: Revere
State or Province of mailing address:: MA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 02151

Correspondence Information

Correspondence Customer
Number:: 000959

Representative Information

Representative Customer Number::	000959
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-In-Part	09/643,260	08/22/00
This Application	Non-Provisional of	60/201,261	05/02/00

Assignee Information

Assignee name:: Praecis Pharmaceuticals Inc.
Street of mailing address:: 830 Winter Street
City of mailing address:: Waltham
State or Province of mailing address:: Massachusetts
Country of mailing address:: United States of America
Postal or Zip Code of mailing Address:: 02145-1420